

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018826

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 83

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>1085</u>		
2 <u>1085</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
<u>94200</u>		
10		
11		
12 <u>1-0</u>		
13 <u>1-0</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	
Length of stay in 1b <u>Appx. 50 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>708 West Arch</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Tandy</u> Last <u>Eason</u>		4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-29-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
13a. FATHER'S NAME <u>John Robert Eason</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Pike</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Martha J. Eason</u>		Address <u>Nevada, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Posterior Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____		not known	
DUE TO (c) <u>Arteriosclerotic heart disease</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3/23/63</u>	20f. CITY, TOWN, OR LOCATION <u>4/15/63</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		4/15/63	
22a. SIGNATURE (Degree or title) <u>E. Braxton Davis, M.D.</u>		22b. ADDRESS <u>Nevada, Missouri</u>	
22c. DATE SIGNED <u>4/24/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 18, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	
23d. LOCATION (City, town, or county) <u>Nevada, Missouri</u>			
24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>4-27-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. Anglen Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.